



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known	
Application Number	10/019,676
Filing Date	April 8, 2002
First Named Inventor	LI
Examiner Name	Zachariah Lucas
Group Art Unit	1648
Attorney Docket Number	2977-118
Confirmation Number	7819

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

SUBMITTED BY				Complete (if applicable)	
NAME AND REG. NUMBER		Patrick T. Skacel, Reg. No. 47,948			
SIGNATURE			DATE	September 23, 2005	DEPOSIT ACCOUNT USER ID
					02-2135



FEE TRANSMITTAL
for FY 2005
(Large Entity)

		Complete if Known	
		Application Number	10/019,676
		Filing Date	April 8, 2002
		First Named Inventor	LI
		Examiner Name	Zachariah Lucas
		Group Art Unit	1648
<input type="checkbox"/> Applicant claims small entity status		Attorney Docket Number	2977-118
Total Amount of Payment	(\$1020.00)	Confirmation Number	7819

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
2. Payment by check enclosed

FEES CALCULATION

1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	300	Utility Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	790		[]
1111	500	Utility Search Fee	[]
.1311	200	Utility Examination Fee	[]
1002	200	Design Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	350		[]
1112	100	Design Search Fee	[]
.1312	130	Design Examination Fee	[]
1003	200	Plant Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	550		[]
1113	300	Plant Search Fee	[]
1313	160	Plant Examination Fee	[]
1004	300	Reissue Filing Fee <i>filed before Dec. 8, 2004</i>	[]
	790		[]
1114	500	Reissue Search Filing Fee	[]
1314	600	Reissue Examination Fee	[]
1005	200	Provisional Filing Fee	[]

SUBTOTAL \$0

2. CLAIMS

Total Claims	Independent Claims	Extra Claims		Fee	Fee Paid
		[]	- 20* = []	x	\$50 = []
Claims	[]	- 3* = []	x	200 = []	
Multiple Dependent Claims		+ []		360 = []	

*or number previously paid, if greater

SUBTOTAL \$0

SUBTOTAL \$1020.00

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = []/50 = []** x \$250 =

** Number of each additional 50 or fraction thereof

SUBTOTAL \$0

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Patrick T. Skacel, Reg. No. 47,948			
SIGNATURE		DATE	September 23, 2005	DEPOSIT ACCOUNT USER ID 02-2135